1 . 7

|  |  |                     |                    |              |               |                  |        |   | Application or Docket Number |          |                               |                 |  |
|--|--|---------------------|--------------------|--------------|---------------|------------------|--------|---|------------------------------|----------|-------------------------------|-----------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective October 1, 2003  |  |                     |                    |              |               |                  |        |   | 106816757.                   |          |                               |                 |  |
|  |  |                     |                    |              |               |                  |        |   |                              |          |                               |                 |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                     |                    |              |               |                  |        | SMALL ENTITY TYPE                       |                              |          | OTHER THAN<br>OR SMALL ENTITY |                 |  |
| то   | TAL CLAIMS                                     |                     | 4                  |              | -             |                  | - [    | RATE                                    | FEE                          | ]        | RATE                          | FEE             |  |
| FOR  |  |                     | NUMBER FILED       |              | NUMBER EXTRA  |                  |        | BASIC FI                                | 385.00                       | OR       | BASIC FEE                     | 770.00          |  |
| TOTAL CHARGEABLE CLAIMS  |  |                     | 9 minus 20=        |              | · ~           |                  |        | X\$ 9=                                  |                              | OR       | X\$18=                        |                 |  |
| INDEPENDENT CLAIMS   |  |                     | 9 minus 3 =        |              | 6             |                  |        | X43=                                    |                              | OR       | X86=                          |                 |  |
| MU   | TIPLE DEPENI                                   | DENT CLAIM PR       | ESENT              |              |               |                  |        | +145=                                   |                              | OR       | +290=                         | •               |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                     |                    |              |               |                  | 1      | TOTAL                                   | -                            | OR       | TOTAL                         | 770             |  |
| CLAIMS AS AMENDED - PART II  |  |                     |                    |              |               |                  |        | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                              |          |                               |                 |  |
|  |  | (Column 1)          |                    | (Colui       | (Column 3)    | (III 3)          |        | ADDI-                                   | ٦ <sup>¯</sup>               | <u> </u> | ADDI-                         |                 |  |
| IT A   |  | REMAINING<br>AFTER  |                    | NUM<br>PREVI | BER<br>OUSLY  | PRESENT<br>EXTRA |        | RATE                                    |                              | -        | RATE                          | TIONAL<br>FEE   |  |
| AMENDMENT  | Total  | AMENDMENT           | Minus              | PAID         | FOR           | =                |        | X\$ 9=                                  |                              | OR       | X\$18=                        |                 |  |
| AENT   | Independent                                    | · 2                 | Minus              |              | 7             | =                |        | X43=                                    |                              | OR       | V06-                          |                 |  |
| AA   | FIRST PRESE                                    | NTATION OF MI       | ULTIPLE DEPENDENT  |              | T CLAIM       |                  | 1      | +148                                    | *                            | 1        |                               |                 |  |
|  |  |                     |                    |              |               |                  |        | 101                                     |                              | OR       | TOTAL                         |                 |  |
|  |  |                     |                    |              |               |                  |        | ADDIT. FI                               |                              | OR       | ADDIT. FEE                    |                 |  |
| <u> </u>   | (Column 1) (Column 2) (Column 3)               |                     |                    |              |               |                  | ה      |   |                              | 7        |                               | 4001            |  |
| NT B   |  | CLAIMS<br>REMAINING |                    | NUM          | IBER          | PRESENT          |        | RATE                                    | ADDI-<br>TIONA               | 1        | RATE                          | ADDI-<br>TIONAL |  |
|  |  | AFTER<br>AMENDMENT  |                    |              | OUSLY<br>FOR  | EXTRA            |        | BALL                                    | FEE                          |          |                               | FEE             |  |
| AMENDMENT  | Total  | *                   | Minus              | **           |               | =                |        | X\$ 9=                                  | -                            | ОЯ       | X\$18=                        |                 |  |
| AME  | Independent                                    | *                   | Minus              | ENDEN        | T CL AIN      | =                | -      | X43=                                    |                              | ОЯ       | X86=                          |                 |  |
| 片  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                     |                    |              |               |                  | لـ     | +145:                                   | =                            | ОЯ       | +290=                         |                 |  |
|  |  |                     |                    |              |               |                  |        |   | AL<br>EE                     | OR       | TOTAL<br>ADDIT. FEE           |                 |  |
| (Column 1) (Column 2) (Column 3)   |  |                     |                    |              |               |                  |        |   |                              |          |                               |                 |  |
| <b>I</b>   |  | CLAIMS              |                    | HIG          | HEST<br>MBER  |                  | ]      |   | ADDI-                        | 7        |                               | ADDI-           |  |
| IIE  |  | REMAINING<br>AFTER  |                    | PREV         | IOUSLY        | PRESENT<br>EXTRA |        | RATE                                    | TIONA                        | -        | RATE                          | TIONAL          |  |
|  |  | AMENDMENT           | <u> </u>           |              | FOR           | <del> </del>     | ┪      | -                                       | FEE                          | 1        | 1000                          | LEE_            |  |
| 12   | Total  | *                   | Minus              | ***          |               | = ; -            | -      | X\$ 9:                                  | -                            | OF       | X\$18=                        | <u> </u>        |  |
| AMENDMENT C  | Independent                                    | * INTATION OF M     | Minus              | PENIDEN      | IT CL AIM     | =                | -      | X43=                                    |                              | OF       | X86=                          |                 |  |
| ۲  | FINST PHESE                                    | MINION OF M         | ULHIPLE DE         | LINDE        |               |                  |        | +145:                                   |                              | OF       | +290=                         |                 |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |                     |                    |              |               |                  |        |   |                              |          | ADDIT. FEE                    |                 |  |
| =  | eld sho "Lijohoot his                          | imbor Provincish E  | aid For IN TH      | IS SPACE     | is less that  | an 3. enter "3." | •      |   | -                            |          | ADDI1. 1 CE                   |                 |  |
|  | The "Highest Nur                               | nber Previously Pa  | IIG 1-OF ( 1018) C | n maeber     | ident) is the | ം വവാലം സമ്പ     | Jen (C | ~ wi wit                                | . appropriate                |          |                               |                 |  |